

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Juanita's</b>	<b>CHAPTER 100.1</b>
<b>Address:</b> 1902 Palamoi Street, Pearl City, Hawaii 96782	<b>Inspection Date: June 18, 2019 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

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STATE LICENSING  
SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Substitute care giver #3 – no evidence of an initial two-step tuberculosis skin test.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG # 3 Completed the two step tuberculosis skin test.</p>	<p>7/11/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Substitute care giver #3 – no evidence of an initial two-step tuberculosis skin test.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will make a checklist and give it to my SCG so that she can update on time the expired requirements.</i></p>	<p><i>7/20/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Refrigerator, temperature not maintained at 45°F or lower. Temperature reading was 50°F using three (3) thermometers.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Purchased and replace the old refrigerator.</i></p>	<p><i>7/4/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Refrigerator, temperature not maintained at 45°F or lower. Temperature reading was 50°F using three (3) thermometers.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Check regularly the refrigerator thermometer to maintain the right temperature at 45°F or lower.</p>	<p>7/20/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – no incident report for unusual event. I.e.; progress note (2/6/19) reads,</p> <ul style="list-style-type: none"> <li>• “<u>Attempted to leave home for street.</u>” Primary care giver (PCG) monitored resident in the yard where she paced for over an hour.</li> <li>• Inside home, “<u>she yelled at the other residents.</u>”</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)            Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – no incident report for unusual event. I.e.; progress note (2/6/19) reads,</p> <ul style="list-style-type: none"> <li>• “<u>Attempted to leave home for street.</u>” Primary care giver (PCG) monitored resident in the yard where she paced for over an hour.</li> <li>• Inside home, “<u>she yelled at the other residents.</u>”</li> </ul>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Will make an incident report when there is behavioral issues occur and report to the PCP, CM + family members + documented.</i></p>	<p><i>7/20/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Case Manager (CM) did not update the care plan as changes occurred. I. e.;</p> <ul style="list-style-type: none"> <li>CM progress note (4/7/19) reads, “monitor edema in both feet- continue plan of care;” however, no evidence the care plan was updated to address edema.</li> <li>CM progress note (5/14/19) reads, “Advise CG to <u>monitor edema</u> in both feet- continue plan of care;” however, no evidence the care plan was updated to address edema or cardiovascular condition.</li> </ul>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Individual Service Plan updated to address edema, and/or cardiovascular condition.</i></p>	<p>7/24/19</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Case Manager (CM) did not update the care plan as changes occurred. I. e.;</p> <ul style="list-style-type: none"> <li>CM progress note (4/7/19) reads, “monitor edema in both feet- continue plan of care;” however, no evidence the care plan was updated to address edema.</li> <li>CM progress note (5/14/19) reads, “<u>Advise CG to monitor edema</u> in both feet- continue plan of care;” however, no evidence the care plan was updated to address edema or cardiovascular condition.</li> </ul>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, PCG will work with the CM in reviewing the care plan to ensure that all aspects of care including the monitoring of edema is stated on the care plan during the monthly visits by the CM.</i></p>	<p>7/24/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1 –CM did not update the care plan as changes occurred regarding optimum oral health. I. e.;</p> <ul style="list-style-type: none"> <li>Dental appointment (4/24/19) for evaluation and treatment of one (1) cavity; however, no evidence of care plan update regarding optimal oral health.</li> <li>CM assessments (8/12/18 or 2/24/19) read, "No dentures;" however, resident uses dentures daily.</li> </ul>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Care plan updated to reflect intervention for maintenance of oral health.</i></p>	<p>7/24/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 -no evidence of training to prevent falls.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>The cm has developed a fall precaution training to address prevention of falls and will be used for ongoing training</i></p>	<p><i>7/24/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 –no evidence of training to manage depression or to prevent elopement; however, monthly CM notes (1/28/19 and 3/3/19) read, “high risk for elopement.”</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Evidence of training to manage depression or to prevent elopement will be incorporated in the plan of care to reflect current intention and for future reference.</i></p>	<p><i>7/24/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1 –no evidence of evaluation or monitoring related to nutrition indicated by an unclear diet order. I.e.; CM notes (9/23/18, 10/20/18, 11/20/18, 12/29/18, 1/28/19 and 3/3/19 read, “<u>Low Fat/Cholesterol mechanical soft diet with thin liquids;</u>” however, diet order (9/19/18) reads, “<u>soft diet.</u>”</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>cm corrected HV (home visit) notes to reflect current MD diet orders.</i></p>	<p><i>8/13/19</i></p> <p>19 AUG 19 24 06</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><b><u>FINDINGS</u></b>  Resident #1 –no evidence of evaluation or monitoring related to nutrition indicated by an unclear diet order. I.e.; CM notes (9/23/18, 10/20/18, 11/20/18, 12/29/18, 1/28/19 and 3/3/19 read, “<u>Low Fat/Cholesterol mechanical soft diet with thin liquids;</u>” however, diet order (9/19/18) reads, “<u>soft diet.</u>”</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>PCG will review cm notes with the cm during the monthly visits to ensure documentation is accurate.</i></p>	<p>8/13/19</p> <p>75 AUG 19 PM 4:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-89 <u>Medications</u>. (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Case manager provided training on medication administration training on 10/25/18. However, training and monthly monitoring did not address administration of PRN medication. I.e.,</p> <ul style="list-style-type: none"> <li>• Order reads, “Hydralazine 25 mg take <u>1 tablet Q 6 hours for SBP over 150.</u>”</li> <li>• The PCG checks blood pressure every morning. If elevated, medication made available and a second BP taken <u>six (6) hours later.</u></li> <li>• No evidence of CM training</li> <li>• No evidence CM clarify frequency for BP check.</li> </ul>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>CM provided additional training to address PRN medication.</i></p>	<p>7/24/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-89 <u>Medications</u>. (2) In addition to the requirements in subchapter 2 and subchapter 3, the following shall apply to an expanded ARCH:</p> <p>The primary care giver shall obtain training, relevant information, and regular monitoring from the expanded ARCH resident's physician, a home health agency, or a registered nurse case manager for any and all specific medications that the expanded ARCH resident requires.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Case manager provided training on medication administration training on 10/25/18. However, training and monthly monitoring did not address administration of PRN medication. I.e.,</p> <ul style="list-style-type: none"> <li>• Order reads, "Hydralazine 25 mg take <u>1 tablet Q 6 hours for SBP over 150.</u>"</li> <li>• The PCG checks blood pressure every morning. If elevated, medication made available and a second BP taken <u>six (6) hours later.</u></li> <li>• No evidence of CM training</li> <li>• No evidence CM clarify frequency for BP check.</li> </ul>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>The cm has developed a training format to address PRN medication and will be used for ongoing training.</i></p>	<p align="right"><i>7/24/19</i></p>

Licensee's/Administrator's Signature: Juanita Fajardo  
Print Name: Juanita Fajardo  
Date: 7/25/19

Licensee's/Administrator's Signature: Juanita Fajardo  
Print Name: Juanita Fajardo  
Date: 08/16/19

STATE OF CALIFORNIA  
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